



**MEDICAL BOARD OF CALIFORNIA
BOARD OF PODIATRIC MEDICINE**

1420 HOWE AVENUE, SUITE 8, SACRAMENTO, CA 95825-3229
PHONE: (916) 263-2647 FAX: (916) 263-2651
CALNET: 8-435-2647 TDD: (916) 322-1700



www.dca.ca.gov/bpm

**RETIRED DOCTORS OF PODIATRIC MEDICINE
APPLICATION FOR WAIVER OF RENEWAL FEE**

Please type or print clearly.

Name: _____

Date of Birth: _____

Address: _____

License No.: _____

Expiration Date: _____

Phone Number: _____

I hereby request a waiver of renewal fee because of my retired status commencing on _____.

I certify under penalty of perjury under the laws of the State of California, that I meet the following requirements specified by Business and Professions Code Section 2439:

- 1) I have practiced podiatric medicine in California for a minimum of 20 years,
- 2) I have reached the age of retirement under the Social Security Act,
- 3) I customarily provide professional podiatric medical services free of charge,
- 4) In those uncustomary instances, if any, in which I do charge for professional podiatric medical services, my charges are no more than nominal and
- 5) If I do make occasional nominal charges, my charges for professional podiatric medical services in a calendar year do not as an aggregate exceed the amount which would make me ineligible for full social security benefits.

SIGNATURE

DATE

Please read the reverse for important information →

INFORMATION

A doctor of podiatric medicine may be eligible for exemption from payment of license renewal fees, if the doctor of podiatric medicine complies with all five of the listed requirements.

This application form must be signed and returned at the beginning of the renewal period for which a status change is requested. This application must be received before the license expiration date in order to avoid delinquent fees.

Following approval of this request for exemption status, a doctor of podiatric medicine will continue to receive biennial renewal notices (required by law) even though he or she is exempt from payment of renewal fees. All future renewal notices should be returned as instructed with "retired status" clearly marked on the renewal card.

NOTE: Retired status does not result in automatic waiver of the continuing competence and CPR certification requirement. A separate waiver request form is attached in the event that you wish to be exempt from the continuing medical education and CPR certification requirement as well.

PLEASE SIGN AND RETURN THE COMPLETED APPLICATION TO THE BOARD OF PODIATRIC
MEDICINE, 1420 HOWE AVENUE, SUITE 8, SACRAMENTO, CALIFORNIA, 95825-3229

NOTE: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for waiver of the renewal fee per Section 2439 of the Business and Professions Code which authorizes the collection of this information. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer of the Board of Podiatric Medicine is the custodian of records.